MDHHS

Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

CHAMPS Navigation

"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

Contents

State of Michigan Single Sign On

Please Login or Sign-Up to use Single Sign-On

Login

User ID:

Password:

Login

Forgot Password?

If you have forgotten your password, click Need Password. Single Sign-On system will email you a new temporary password.

Need Password

Sign-Up

If you are a new user to Single Sign-On, click Register to create your User ID and Password.

Register

- Enter the User ID, Password and click Login
- If you do not have a User ID click register

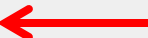# State of Michigan Single Sign On

Application Portal

WELCOME [   ],

Your password will expire in 12 days.

You are currently subscribed to the following applications:

- **CHAMPS**

Subscribe to Applications   Add new Roles to Existing Subscription
Account Maintenance   Sign Off

- Click CHAMPS hyperlink

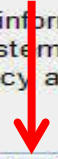# State of Michigan Single Sign On

MDCH Systems Use Notification

The Michigan Department of Community Health's (MDCH) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business.

Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDCH. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDCH systems for commercial or partisan political purposes.

Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type.

All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and /or prosecution.

By accessing information provided by the Michigan Department of Community Health computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.

[Acknowledge/Agree]   [Cancel]

- Click Acknowledge/Agree

- Select the Billing NPI from the Domain dropdown
- Select the appropriate profile (for example full access, limited access etc.)
- Select a Favorite if one has previously been saved

- Once logged in you will be directed to the Provider Portal page

My Inbox

Change Profile-How to change from being logged in with one NPI to another NPI

- Click the My Inbox tab

- Click the Change Profile option

- Change to a different Billing NPI by selecting the appropriate NPI from the Domain dropdown

My Inbox

Archived Documents-Stored documents for provider view

- Click the My Inbox tab

- Click the Archived Documents option

- Select a document type from the dropdown box (this example choose Medicaid Payments Paper RA to access the paper remittance advice)
- Click GO

- Click the Paper RA hyperlink to access the paper RA

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MEDICAL SERVICES ADMINISTRATION - MEDICAID PAYMENTS
PO BOX 30238
LANSING   MI   48909

Michigan Department of Community Health
Medical Services Administration - Medicaid Payments
PO Box 30238
Lansing MI 48909

1529639890000001

- The paper RA will then be displayed in PDF format

Billing Provider NPI: ⬚⬚⬚⬚ **Name:** ⬚⬚⬚⬚ **EIN/TIN:** ⬚⬚⬚⬚ **Pay Cycle:** 50 **RA Number:** ⬚⬚⬚⬚ **RA Date:** 12/11/2014

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
Balance Owed by Tax ID	$2,902,534.20		$2,892,219.71

CLAIM SUMMARY

Category	Count
Paid	1
Credited	0
Denied	2
GA	0

Total Approved	$0.00	Total Adjusted	$0.00	Total Paid	$0.00

Warrant/EFT #:   Warrant/EFT Date: 12/11/2014

1529639890000002

My Inbox

Upload File-Uploading an electronic file to MDCH

- Click the My Inbox tab

- Click the Upload File option

Close   **Upload** ←

Please click on the Upload button to upload your file.

Please use below naming conventions for web upload files.

837 Fee For Service:

  1) NPI.5475.CCYYMMDDhhmm

  2) CHAMPS PROVIDERID.5475.CCYYMMDDhhmm

837 ENC:

  1) NPI.5476.CCYYMMDDhhmm

  2) CHAMPS PROVIDERID.5476.CCYYMMDDhhmm

270:

  1) NPI.5414.CCYYMMDDhhmm

  2) CHAMPS PROVIDERID.5414.CCYYMMDDhhmm

276:

  1) NPI.4952.CCYYMMDDhhmm

  2) CHAMPS PROVIDERID.4952.CCYYMMDDhhmm

278:

  1) NPI.5386.CCYYMMDDhhmm

  2) CHAMPS PROVIDERID.5386.CCYYMMDDhhmm

- Click Upload to select the file

⊗ Close   ⓘ Upload

Please click on the Upload button to uplo...

Please use below naming conventions fc...

837 Fee For Service:

1) NPI.5475.CCYYMMDDhhmm

2) CHAMPS PROVIDERID.5475.CCY...

837 ENC:

1) NPI.5476.CCYYMMDDhhmm

2) CHAMPS PROVIDERID.5476.CCY...

270:

1) NPI.5414.CCYYMMDDhhmm

2) CHAMPS PROVIDERID.5414.CCY...

276:

1) NPI.4952.CCYYMMDDhhmm

2) CHAMPS PROVIDERID.4952.CCY...

278:

1) NPI.5386.CCYYMMDDhhmm

2) CHAMPS PROVIDERID.5386.CCY...

🖨 Print   ❓ Help

⠿ Attachment   ⌃

Please mention the file to be uploaded:

Filename: [_____] Browse... ⭠

✔ OK   ⊗ Cancel

- Click Browse to find the saved file on your computer
- Click Ok

Provider Verification

Tool used to verify a provider NPI is enrolled with Michigan Medicaid

- Click the My Inbox tab

- Click the Provider Verification option

- Enter the NPI and click Verify to verify if a provider is enrolled with Michigan Medicaid

- The screen will then display the provider information, take note of the business status
- A result of no information found will be displayed if the provider is not enrolled

Provider

Manage Provider Information

- Click the Provider tab

- Click the Manage Provider Information option

👤 ▾   📝 Note Pad   🌐 External Links ▾   ⭐ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Provider Portal › Group Practice Modification

NPI: Name:

⊘ Close   ↩ Undo Update

▦ View/Update Provider Data - Group Practice   ⌃

Business Process Wizard - Provider Data Modification (Group Practice).

☐	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
☐	Step 1: Provider Basic Information	Required	12/15/2014	11/01/2013	Complete		
☐	Step 2: Locations	Required	10/23/2013	11/01/2013	Complete		
☐	Step 3: Specialties	Required	04/15/2008	04/15/2008	Complete		
☐	Step 4: Mode of Claim Submission	Required	04/15/2008	04/15/2008	Complete		
☐	Step 5: Associate Billing Agent	Required	12/15/2014	11/01/2013	Complete		
☐	Step 6: Provider Controlling Interest/Ownership Details	Required	10/21/2013	11/01/2013	Complete		
☐	Step 7: Taxonomy Details	Required	04/15/2008	04/15/2008	Complete		
☐	Step 8: View Servicing Provider Details	Optional	04/15/2008	04/15/2008	Complete		
☐	Step 9: 835/ERA Enrollment Form	Optional			Complete		
☐	Step 10: Complete Modification Checklist	Required	04/24/2014	05/20/2014	Incomplete		Please Answer all the Questions.
☐	Step 11: Submit Modification Request for Review	Required	04/24/2014	05/20/2014	Complete		

View Page: 1   ◉ Go   📄 Page Count   📥 SaveToXLS   **Viewing Page: 1**   ⏮ First   ◀ Prev   ▶ Next   ⏭ Last

- Make any necessary changes to enrollment information making sure to complete all steps needed

- Step 11 must be submitted in order for changes to be reviewed by MDHHS

Claims

Submit Professional-How to use CHAMPS Direct Data Entry (DDE) option to submit a professional claim. Providers who bill using the CMS-1500 claim form

My Inbox ▾ | **Provider ▾** | Claims ▾ | Member ▾ | PA ▾

👤 [____] ▾

🗎 Note Pad | 🌐 External Links ▾ | ★ My Favorites ▾ | 🖨 Print | ❓ Help

🏠 > Provider Portal

NPI: [____]   Name: [____]

🔄 **Latest updates**   ▲

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

☐☐☐■

⊞ **Calendar**   ▲

🌤 **11:48 AM**   12 January 2015
                   Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

← | **Today** | →

⊞ **My Reminders**   ▲

Filter By [____] ▾ [____] [____] ⊙ Go   💾 Save Filters | ▼ My Filters ▾

☐	Alert Type ▲▼	Alert Message ▲▼	Alert Date △▼	Due Date ▲▼	Read ▲▼
		No Records Found !			

• Click Claims tab

- Click the Submit Professional option

- Once in the claim screen the Billing NPI that you are logged into CHAMPS with will be pre-populated

- Enter all other necessary information for your claim and services being billed

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: 0123456789 *

Last Name: Beneficairy *   First Name: Test *   MI: Suffix:

Date of Birth: mm 01 dd 01 yyyy 2014 *   Gender: M-Male *

Onset of Current Illness/symptom Date: mm   dd   yyyy

Does the beneficiary have insurance other than Medicaid?   ◉ Yes ○ No ⬅

OTHER INSURANCE INFORMATION

Other Subscriber Information

Payer Responsibility Code: [▼] *   Remittance Date: mm dd yyyy

Payer ID Number: *   Subscriber Member ID:

Subscriber Last Name: First Name: MI: Suffix:

Insured's Group or Policy Number: *   Beneficiary's Relationship: [▼]

Claim Filing Indicator : [▼] *   Total COB Payer Paid Amount: $ *   Add Another

- Enter the Beneficiary information
- If the beneficiary has a primary insurance answer Yes to the question then enter all required information as indicated by *

CLAIM INFORMATION

⊞ RELEVANT DATES

PRIOR AUTHORIZATION/REFERRAL/CLIA

Prior Authorization Number: [ ]   MDCH PA: ○ Yes ○ No   Referral Number: [ ]

CLIA Number: [ ]

⊞ CLAIM NOTE

❓	Is this claim related to Chiropractic Spinal Manipulation?	○ Yes ● No
❓	Is this a vision claim involving replacement lenses or frames?	○ Yes ● No
❓	Is this claim accident related?	○ Yes ● No
❓	Does this claim have backup documentation?	○ Yes ● No

CLAIM DATA

Patient Account No.: [ ] *

Place of Service: [▼] *

Diagnosis Code Category: [▼] *

Diagnosis Codes: 1: [ ] *   2: [ ]   3: [ ]   4: [ ]   Add Another

⊞ ANESTHESIA RELATED PROCEDURE

⊞ CONDITION INFORMATION

⊞ DELAY REASON

⊞ AMBULANCE INFORMATION

- Continue to enter claim information as necessary for services being billed

- Any red plus sign can be expanded by clicking the red plus sign, once the field is expanded it will require information to be entered. If expanded in error click the red plus sign to close

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

	mm	dd	yyyy	
Service Date From:				*

	mm	dd	yyyy	
Service To Date:				*

Place of Service: [▼]   Procedure Description: [   ]

Procedure Code: [   ] *

Submitted Charges: $ [   ] *   Characters Remaining: [80]

Units/Quantity: [   ] *   Modifiers: 1: [   ] 2: [   ] 3: [   ] 4: [   ]

EPSDT/Family Planning: [▼]   Diagnosis Pointers: 1: [▼] *2: [▼] 3: [▼] 4: [▼]

EMG: [▼]   Claim Note: [   ]

Characters Remaining: [80]

Prior Authorization Number: [   ]   MDCH PA: ○ Yes ○ No   Referral Number: [   ]   CLIA: [   ]

Rendering Provider ID:(If different from header) [   ]   Type: [▼]   Taxonomy Code: [   ]

Ordering Provider ID: [   ]   Type: [▼]

Referring Provider ID:(If different from header) [   ]   Type: [▼]

Primary Care Referring Provider ID:(If different from header) [   ]   Type: [▼]

❓ Is the Header Service Facility Location also the Service Line Facility Location?   ⦿ Yes ○ No

National Drug Code: [   ]   Quantity: [   ]   Unit: [▼]   Qualifier: [▼]   Prescription/Link No: [   ]

	mm	dd	yyyy
Prescription Date:			

➕ AMBULANCE INFORMATION

[⊕ Add Service Line Item]   [⟳ Update Service Line Item]

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: $0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number	
	From	To		1	2	3	4	1	2	3	4				

Top

- Enter the service line information, all asterisked fields are required for all providers

- Once all information has been entered click Add Service Line Item to add it to the claim

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: [mm] [dd] [yyyy] *   Service To Date: [mm] [dd] [yyyy] *

Place of Service: [▼]   Procedure Description: [   ]

Procedure Code: [   ] *

Submitted Charges: $ [   ] *   Characters Remaining: [80]

Units/Quantity: [   ] *   Modifiers: 1: [   ] 2: [   ] 3: [   ] 4: [   ]

EPSDT/Family Planning: [▼]   Diagnosis Pointers: 1: [▼] * 2: [▼] 3: [▼] 4: [▼]

EMG : [▼]   Claim Note: [   ]

Characters Remaining: [80]

Prior Authorization Number: [   ]   MDCH PA: ○ Yes ○ No   Referral Number: [   ]   CLIA: [   ]

Rendering Provider ID:(If different from header) [   ]   Type: [▼]   Taxonomy Code: [   ]

Ordering Provider ID: [   ]   Type: [▼]

Referring Provider ID:(If different from header) [   ]   Type: [▼]

Primary Care Referring Provider ID:(If different from header) [   ]   Type: [▼]

❓ Is the Header Service Facility Location also the Service Line Facility Location?   ◉ Yes ○ No

National Drug Code: [   ]   Quantity: [   ]   Unit: [▼]   Qualifier: [▼]   Prescription/Link No: [   ]

Prescription Date: [mm] [dd] [yyyy]

➕ **AMBULANCE INFORMATION**

[⊕ Add Service Line Item]   [↻ Update Service Line Item]

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Click on Insurance Info to enter each Line's Insurance Information.

Total Submitted Charges: $150.00

Line No	Service Dates From	To	Proc. Code	Modifiers 1	2	3	4	Diagnosis Pointer 1	2	3	4	Submitted Charges	Units	Prior Auth Number			
1	01/01/2015	01/01/2015	99213					1				150.00	1		Insurance Info	🖫 Copy	🗑 Delete

Top

- The service line will then show at the bottom of the screen with it's corresponding line number
- If other payer information was entered in the Beneficiary Information section then click on Insurance Info to enter the other payer information at the service line level.

- Click Yes to the question
- Choose the Primary Payer Responsibility from the dropdown which will coincide with what was entered in the Beneficiary Information section
- Enter amount paid for the service line and applicable reason codes (CARC) and amounts based on the explanation of benefits (EOB) from the payer

⊗ Close   **👤 Basic Claim Form**   **💾 Reset**

⊞ Professional Claim   ⌃

Note: asterisks (*) denote required fields.   Billing Instructions

⊞ INSURANCE INFORMATION   ⌃

To save the information, Click 'Basic Claim Form' button.

❓ Does the Beneficiary have insurance other than Medicaid?   ◉ Yes   ○ No

OTHER INSURANCE INFORMATION

1. **Service Line Other Payer Information**

Primary Payer
Responsibility: 1#P#_____#CI-Commercial Insurance Co. ▾   * Amount Paid: $ [$0.00]   * Remittance Date: [mm] [dd] [yyyy]

1. Reason Code: [1]   Amount: $ [$150.00]   Adjustment Quantity: [   ]   Add Another Reason Code

2. Reason Code: [   ]   Amount: $ [   ]   Adjustment Quantity: [   ]

Add Another Payer

- After completing information click Basic Claim Form to return to the claim information

⊘ Close | ✓ Submit Claim | 💾 Save as Template | ⊗ Reset

⠿ Professional Claim ⌃

Note: Asterisks (*) denote required fields.   Billing Instructions

Basic Claim Info

Provider | Beneficiary | Claim | Service

⠿ **PROVIDER INFORMATION** ⌃

BILLING PROVIDER INFORMATION

Provider ID: [____] * Type: [NPI ▾] * Taxonomy Code: [____]

Address Line 1: [____] * Address Line 2: [____]

(Enter Street Address or PO Box Only)

Address Line 3: [____] City/Town: [____ ▾] *

State/Province: [MICHIGAN ▾] * County: [____ ▾]

Country: [UNITED STATES ▾] * Zip Code: [____] - [____] ✓ Validate Address

❓ Is the Billing Location also the Service Facility Location?   ⦿ Yes ○ No

❓ Is the Billing Provider also the Rendering Provider?   ○ Yes ⦿ No

RENDERING PROVIDER

Provider ID: [____] * Type: [____ ▾] * Taxonomy Code: [____]

❓ Is the Billing Provider also the Supervising Provider?   ⦿ Yes ○ No

❓ Is this service the result of a referral?   ○ Yes ⦿ No

- To save the claim as a template click Save as Template

- This will allow you to save the claim to either submit later or to re-use this same template for other beneficiaries

- Once claim is completed, click Submit Claim
- The TCN box will pop-up which displays the TCN number for further tracking, to attach documentation to the claim click Upload Documents

Search Documents | **Document Upload** | Messages | FAX Cover Sheet |

Document Upload

<u>Instructions.</u>
- All fields marked with an asterisk (*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- A TCN is required only when the Document Title is 'PREDICTIVE MODELING'.
- TCN entered must be header TCN (ending in 000).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff .

* Beneficiary ID :		* NPI :	
* Beneficiary First Name :		Beneficiary Last Name	
*Sender Name :		*Sender Phone :	

No of documents to upload :   1 ▾

Document Type *	Document Title *	Date of Service From *	Date of Service To	TCN *	Message	Attach*
Select ▾	▾					Browse...

Submit   Clear

- Document Management Portal (DMP) will then launch in a separate window and will allow documentation to be uploaded and attached to the TCN number

Claims

Submit Institutional-How to use CHAMPS Direct Data Entry (DDE) option to submit an Institutional claim. Providers who bill using the UB-04 claim form

- Click Claims tab

- Click the Submit Institutional option

- Once in the claim screen the Billing NPI that you are logged into CHAMPS with will be pre-populated
- Enter the Beneficiary information

✪ Close   **⊘ Submit Claim**   **💾 Save as Template**   **⊘ Reset**

⠿ **CLAIM INFORMATION**

CLAIM DATA

Patient Control No.: [_____] *

Medical Record No.: [_____]

Type of Bill: [_____] * (Enter 4 digits with leading zero.)

Statement Dates: From: mm [___] dd [___] yyyy [___] *   To: mm [___] dd [___] yyyy [___] *

Admission Date/Hour: mm [___] dd [___] yyyy [___] - hh [___] : mm [___]

Admission Type: [_____]

Admission Source: [_____] *

Discharge Hour: hh [___] : mm [___]

Patient Status: [_____] *

Principal Diagnosis Code: [___] *   POA: [___▼]   Auto Accident State/Province: [___▼]

Diagnosis Code Category: [___▼] *

- Continue to enter claim information as necessary for services being billed

- Any asterisked field is required for all providers

- If the beneficiary has a primary payer, expand the Other Insurance Information field and enter all required information as indicated by the asterisk

- Any red plus sign can be expanded by clicking the red plus sign, once the field is expanded it will required information to be entered. If expanded in error click the red plus sign to close.

SERVICE LINE ITEM INFORMATION

Service Line Items

Revenue Code: _____ *

HCPCS Code: _____

Modifiers: 1: ___ 2: ___ 3: ___ 4: ___

Service Date: [mm] [dd] [yyyy]

HCPCS Description: _____

Characters Remaining: 80

Last Date of Service: [mm] [dd] [yyyy]

Service Units: _____ *

Total Line Charges: $ _____ *

Non-covered Line Charges: $ _____

Operating Physician ID: (If different from header) _____ Type: ___

Other Operating Physician ID: (If different from header) _____ Type: ___

Rendering Physician ID: (If different from header) _____ Type: ___

Referring Physician ID: (If different from header) _____ Type: ___

National Drug Code: _____ Quantity: ___ Unit: ___ Qualifier: ___ Prescription/Link No: ___

⊕ Add Service Line Item   ↻ Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: $0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non covered Charges	
			1	2	3	4	Service Date	Last DOS				

- Enter the service line information, all asterisked fields are required
- Once all information has been entered click Add Service Line Item to add it to the claim

SERVICE LINE ITEM INFORMATION

Service Line Items

Revenue Code: _____ *

HCPCS Code: _____   Modifiers: 1: ___ 2: ___ 3: ___ 4: ___

Service Date: mm dd yyyy ___ ___ ___   HCPCS Description: _____

Last Date of Service: mm dd yyyy ___ ___ ___   Characters Remaining: 80

Service Units: _____ *

Total Line Charges: $ _____ *   Non-covered Line Charges: $ _____

Operating Physician ID: (If different from header) _____   Type: ___

Other Operating Physician ID: (If different from header) _____   Type: ___

Rendering Physician ID: (If different from header) _____   Type: ___

Referring Physician ID: (If different from header) _____   Type: ___

National Drug Code: _____ Quantity: ___ Unit: ___ Qualifier: ___ Prescription/Link No: ___

[⊕ Add Service Line Item] [↻ Update Service Line Item]

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: $400.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non covered Charges			
			1	2	3	4	Service Date	Last DOS						
1	0250								5	400.00		Insurance Info	[Copy]	[Delete]

- The service line will then show at the bottom of the screen with its corresponding line number

- If there is a primary payer that was reported in the Other Insurance Information section click on Insurance Info to optionally enter the other payer information at the service line level.

👤 _____ ▼   📄 Note Pad   🌐 External Links▾   ★ My Favorites▾   🖨 Print   ❓ Help

🏠 › Provider Portal › Submit Institutional Claim

⊗ Close   **⊘ Submit Claim**   **💾 Save as Template**   **⊗ Reset**

⠿ Institutional Claim ⌃

Note: Asterisks (*) denote required fields

Billing Instructions

Basic Claim Info

Provider | Beneficiary | Claim | Service Line

⠿ PROVIDER INFORMATION ⌃

BILLING PROVIDER INFORMATION

Provider ID: [_____] *   Type: [NPI ▾] *   Taxonomy Code: [_____]

ATTENDING PROVIDER INFORMATION

Provider ID: [_____] *   Type: [____ ▾] *   Taxonomy Code: [_____]

⠿ BENEFICIARY INFORMATION ⌃

BENEFICIARY

Beneficiary ID: [_____] *

Last Name: [_____] *   First Name: [_____] *   MI: [_____]   Suffix: [_____]

Date of Birth: mm [___] dd [___] yyyy [___] *   Gender: [____ ▾] *

⠿ CLAIM INFORMATION ⌃

- To save the claim as a template click Save as Template
- This will allow you to save the claim to either submit later or to re-use this same template for other beneficiaries

- Once claim is completed, click Submit Claim
- The TCN box will pop-up which displays the TCN number for further tracking, to attach documentation to the claim click Upload Documents

CHAMPS
Online Document Submission

| Search Documents | Document Upload | Messages | FAX Cover Sheet |

Document Upload

Instructions.
- _All fields marked with an asterisk (*) are required._
- _The date of service is required only when the Document Type chosen is 'CLAIM'._
- _A TCN is required only when the Document Title is 'PREDICTIVE MODELING'._
- _TCN entered must be header TCN (ending in 000)._
- _A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000)._
- _A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321)._
- _Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff ._

* Beneficiary ID :		* NPI :	
* Beneficiary First Name :		Beneficiary Last Name	
*Sender Name :		*Sender Phone :	

No of documents to upload : 1 ▾

Document Type *	Document Title *	Date of Service From *	Date of Service To	TCN *	Message	Attach*
Select ▾	▾					Browse...

Submit   Clear

- Document Management Portal (DMP) will then launch in a separate window and will allow documentation to be uploaded and attached to the TCN number

Claims

Submit Dental

- Click Claims tab

- Click the Submit Dental option

- Once in the claim screen the Billing NPI that you are logged into CHAMPS with will be pre-populated

- Enter all other necessary information for your claim and services being billed

- Enter the beneficiary information and if the beneficiary has primary coverage answer Yes to the question

CLAIM INFORMATION

CLAIM DATA

Patient Account No.: [_____] *

Place of Service: [_____▼] *

Appliance Placement Date: mm [___] dd [___] yyyy [____]

Service Start Date: mm [___] dd [___] yyyy [____] *

Service End Date: mm [___] dd [___] yyyy [____] *

PRIOR AUTHORIZATION/REFERRAL NUMBER

Prior Authorization Number: [_____]   MDCH PA: ○ Yes ○ No   Referral Number: [_____]

⊞ DELAY REASON

⊞ CLAIM NOTE

❓ Is this claim accident related?   ○ Yes ⦿ No

❓ Does this claim have backup documentation?   ○ Yes ⦿ No

❓ Does this claim require a diagnosis code?   ⦿ Yes ○ No ⬅

DIAGNOSIS

Diagnosis Code Category: [____▼] *

Diagnosis Codes: 1: [_____] *   2: [_____]   3: [_____]   4: [_____]

- Click Yes to expand the diagnosis information if necessary for the services being billed
- Diagnosis information is required for Anesthesia and Extractions

BASIC LINE ITEM INFORMATION

Click on Insurance Info to enter each Line's Insurance Information.

BASIC SERVICE LINE ITEMS

	mm	dd	yyyy			mm	dd	yyyy
Service Date:				*	Appliance Placement Date:			
Treatment Start Date:					Treatment Completion Date:			

Place of Service: [▼]

Area Of Oral Cavity: [▼]   Fees: $ [   ] *

Tooth Number/Letter: [   ]   Surface: 1: [▼] 2: [▼] 3: [▼] 4: [▼] 5: [▼]

Procedure Code: [   ] *   Quantity: [   ]

Procedure Description: [   ]

Characters Remaining: [80]

Diagnosis Pointers: 1: [▼] 2: [▼] 3: [▼] 4: [▼]

Prior Authorization Number: [   ]   MDCH PA: ○ Yes ○ No   Referral Number: [   ]

Rendering Provider ID: (If different from header) [   ]   Type: [▼]   Taxonomy Code: [   ]

Supervising Provider ID: (If different from header) [   ]   Type: [▼]

⊕ Add Service Line Item   ⟳ Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.   Total Fee: $0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code	Diagnosis Pointer				Quantity	Fees	Prior Auth Number	
				1	2	3	4	5		1	2	3	4				

Top

- Enter the service line information, all asterisked fields are required

- Once all information has been entered click Add Service Line Item to add it to the claim

- The service line will then show at the bottom of the screen with it's corresponding line number

- If other payer information was entered in the Beneficiary Information section then click on Insurance Info to enter the other payer information at the service line level.

⊗ Close   👤 Basic Claim Form   💾 Reset

⊞ **Dental Claim**   ⌃

Note: asterisks (*) denote required fields.   Billing Instructions

⊞ **INSURANCE INFORMATION**   ⌃

To save the information, Click 'Basic Claim Form' button.

❓ Does the Beneficiary have insurance other than Medicaid?   ◉ Yes   ○ No   ⬅

OTHER INSURANCE INFORMATION

1. **Service Line Other Payer Information**

Primary Payer
Responsibility: [_____ ▾] * Amount Paid: $ [_____] * Remittance Date: mm [____] dd [____] yyyy [____]

1. Reason Code: [_____]   Amount: $ [_____]   Adjustment Quantity: [_____]   Add Another Reason Code

2. Reason Code: [_____]   Amount: $ [_____]   Adjustment Quantity: [_____]

Add Another Payer

- Click Yes to the question

- Choose the Primary Payer Responsibility from the dropdown which will coincide with what was entered in the Beneficiary Information section

- Enter amount paid for the service line and applicable reason codes (CARC) and amounts based on the explanation of benefits (EOB) from the payer

⊗ Close   **👤 Basic Claim Form**   **💾 Reset**

⊞ Dental Claim ⌃

Note: asterisks (*) denote required fields.   Billing Instructions

⊞ INSURANCE INFORMATION ⌃

To save the information, Click 'Basic Claim Form' button.

❓   Does the Beneficiary have insurance other than Medicaid?   ◉ Yes   ○ No

OTHER INSURANCE INFORMATION

1. Service Line Other Payer Information

Primary Payer
Responsibility: [1#P#▮▮▮▮▮#CI-Commercial Insurance Co. ▾] * Amount Paid: $ [$0.00]   * Remittance Date: mm [ ]   dd [ ]   yyyy [ ]

1. Reason Code: [1]   Amount: $ [$200.00]   Adjustment Quantity: [ ]   Add Another Reason Code

2. Reason Code: [ ]   Amount: $ [ ]   Adjustment Quantity: [ ]

Add Another Payer

- After completing information click Basic Claim Form to return to the claim information

- To save the claim as a template click Save as Template
- This will allow you to save the claim to either submit later or to re-use this same template for other beneficiaries

- Once claim is completed, click Submit Claim
- The TCN box will pop-up which displays the TCN number for further tracking, to attach documentation to the claim click Upload Documents

CHAMPS
Online Document Submission

| Search Documents | Document Upload | Messages | FAX Cover Sheet |

Document Upload

Instructions.
- _All fields marked with an asterisk (*) are required._
- _The date of service is required only when the Document Type chosen is 'CLAIM'._
- _A TCN is required only when the Document Title is 'PREDICTIVE MODELING'._
- _TCN entered must be header TCN (ending in 000)._
- _A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000)._
- _A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321)._
- _Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff ._

* Beneficiary ID :		* NPI :	
* Beneficiary First Name :		Beneficiary Last Name	
*Sender Name :		*Sender Phone :	

No of documents to upload : 1 ▾

Document Type *	Document Title *	Date of Service From *	Date of Service To	TCN *	Message	Attach*
Select ▾	▾					Browse...

Submit   Clear

- Document Management Portal (DMP) will then launch in a separate window and will allow documentation to be uploaded and will be attached to the TCN number

Claims

Search Template-Search previously saved templates for use

- Click Claims tab

- Select Search Template option

- A list of previously saved templates will be displayed

- To use the saved template click the template number hyperlink

Claims

Adjust- How to make changes or corrections to a paid status claim

👤 ▾   📓 Note Pad   🌐 External Links▾   ★ My Favorites▾   🖨 Print   ❓ Help

🏠 › Provider Portal

NPI: [redacted]   Name: [redacted]

Latest updates ⌃

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

▦ **Calendar** ⌃

🌤 **11:48 AM**   12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today			→	

▦ My Reminders ⌃

| Filter By ▾ | | | ⊙ Go | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Alert Type ▲▼	Alert Message ▲▼	Alert Date ▲▼	Due Date ▲▼	Read ▲▼
	No Records Found !				

- Click Claims tab

- Select Adjust/Void Claim option

- Enter the most current paid status TCN and click GO

- The TCN must be the header TCN ending in 00

- Make any changes or updates to the claim that are needed
- Click save
- Click adjust

- Select PIA-Provider Initiated Adj from the Adjustment Source dropdown box
- Enter a note as to why the claim is being adjusted
- Click OK and your adjustment is complete, you will be taken back to the screen where you first entered your paid TCN number

Claims

Void-How to void a paid status claim to return money to MDCH

- Click Claims tab

- Select the Adjust/Void Claim option

- Enter the most current paid status TCN and click GO
- The TCN must be the header TCN ending in 00

Print   Help

Header TCN: 3[REDACTED]00
Beneficiary ID: [REDACTED]   Name: , [REDACTED]

Show ▼

Header Details   ⓘ Upload/View Documents   📄 0   ✉ 0   📄   ☰   ⌃

TCN: 3[REDACTED]00	Claim Type: J - Professional	Source: HIPAA
Original TCN:	Adjustment Source:	Claim Status: Paid
No Of Lines: 1	Medicare: Y	Commercial: N
Related Cause: NO		

Beneficiary ID: [REDACTED] *   Last Name: First Name: [REDACTED]

Gender: [REDACTED] *   DOB: [REDACTED] 📅 *   Age: 50

Patient Account Number: [REDACTED]   Admit Date: [REDACTED] 📅

Place of Service: 21-Inpatient Hospital ▼

Billing Provider ID: [REDACTED] * Type: NPI ▼ *   Pay To Provider ID: [REDACTED] Type: NPI ▼

Billing Provider Taxonomy: [   ]

Rendering Provider ID: [REDACTED] Type: NPI ▼   Referring Provider ID: [   ] Type: [   ] ▼

Rendering   Referring

[Adjust] [Void] [Save] [Cancel]

- Click Void

Header TCN: 3████████00
Beneficiary ID: ████

Name: ████

Show ▾

TCN
△ ▽

████████

View Page: 1   ⊙ Go   Last

Header Details

| Welcome to MMIS - Windows Internet Explorer | — □ ✕ |

🖶 Print ❓ Help

Header TCN: 3████████00
Beneficiary ID: ████

Name: , ████

▦ **Void Claim**   ⌃

Please enter the following information

Void Source: [PIV-Provider Initiated VOID ▾] * ⬅ ⟵ Step 1

Comment: [Enter a note as to why the
claim is being voided] ⬅ ⟵ Step 2

Step 3

⬇

✔ OK   ⊗ Cancel

Page ID: dlgVoidClaimDoc(Claims)

Done   ✓ Trusted sites | Protected Mode: Off   🔍 125% ▾

Original T
No Of Li
Related Ca
Beneficiar
Ge
Patient Account Num
Place of Ser

Billing Provide
B
Provider Taxonomy:
Rendering Provider ID: ████   Type: NPI ▾   Referring Provider ID: ████   Type: [▾]
Rendering   Referring

⊙ Adjust ▪ Void 💾 Save ⊗ Cancel

- Select PIA-Provider Initiated VOID from the Adjustment Source dropdown box

- Enter a note as to why the claim is being voided

- Click OK and your void is complete, you will be taken back to the screen where you first entered your paid TCN number

Claims

Inquiry-How to review paid/denied/suspended claims

- Click Claims tab

- Select Claim Inquiry option

- Select filter by criteria
- If filtering by the TCN number, choose TCN from the first dropdown selection enter the header TCN in the corresponding box
- Click Go

- After the query has ran and returned results click the Save TOXLS button to allow the query to open within a Microsoft Excel worksheet

👤 _____ ▾

📄 Note Pad   🌐 External Links▾   ⭐ My Favorites▾   🖨 Print   ❓ Help

🏠 ❯ Provider Portal ❯ Inquire Claims

⊗ Close

▦   **Inquire Claim**   ⌃

| From/To Dates ▾ | 01/01/2013 | 04/01/2014 | **And** | Beneficiary ID ▾ | % | | **And** | Reason Code ▾ |
| % | **And** | Filter By ▾ | | **And** | Filter By ▾ | | With Status ▾ | **In** Claim ▾ | All ▾ | ⊙ Go |

▼ My Filters ▾

| ☐ | TCN △ ▼ | | | | | |

https://sson01.mdch.state.mi.us/champs-5010uat/ecams/CNSIControlServlet - Windows Internet Explorer

| Close |

File Download

Do you want to open or save this file?

📄 Name: pgInquireClaimsProviderList.xls
Type: Microsoft Excel 97-2003 Worksheet
From: sson01.mdch.state.mi.us

[Open]   [Save]   [Cancel]

Your request is being ~~processed~~ ... ow when download is complete.

⚠️ While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?

☐	31	000		5
☐	31	000		
☐	31	000		
☐	31	000		
☐	31	000		
☐	31	000		5, B5
☐	31	000		45
☐	31	000		3, 45
☐	31	000		45

📥 Done   ✔ Trusted sites | Protected Mode: Off   🔍 125% ▾

| View Page: 2 | ⊙ Go | 📄 Page Count | 📄 SaveToXLS | | **Viewing Page: 1** | ≪ First | ◄ Prev | ► Next | ≫ Last |
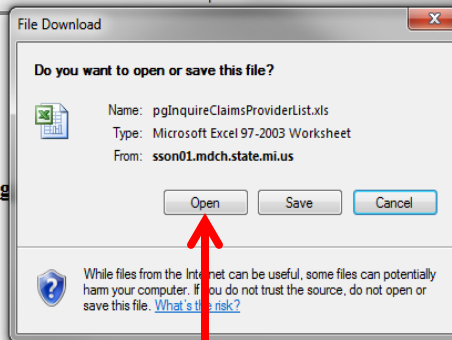
- Once the Microsoft Excel window pops up select either open or save

A1 = TCN

	TCN		From Date	To Date	Submitted	Claim Stat	Approved A	Pay Cycle	Beneficiary	Reason Code
2	21	000	06/04/2013	06/04/2013	$1,400.00	Denied	$0.00	08/07/2014		16,16, 23, 29, 45
3	21	000	06/04/2013	06/04/2013	$1,400.00	Paid	$218.56	10/22/2014		16, 45,23, 29, 45
4	31	000	01/03/2013	01/03/2013	$93.00	Paid	$0.00	01/31/2013		125, 22, 45,3, 45
5	31	000	01/14/2013	01/14/2013	$120.00	Paid	$34.07	01/31/2013		125
6	31	000	01/16/2013	01/16/2013	$185.00	Denied	$0.00	02/28/2013		125,18, B5
7	31	000	01/07/2013	01/07/2013	$290.00	Paid	$20.00	02/07/2013		125, 140, 45,45
8	31	000	01/22/2013	01/22/2013	$335.00	Denied	$0.00	01/31/2013		125,24
9	31	000	01/16/2013	01/16/2013	$185.00	Paid	$70.31	02/21/2013		125,B5
10	31	000	01/17/2013	01/17/2013	$300.00	Paid	$74.26	03/07/2013		125, 22,22, 3, 45, B5
11	31	000	01/22/2013	01/22/2013	$165.00	Paid	$50.31	02/21/2013		125, 22, 45,23, 45
12	31	000	01/29/2013	01/29/2013	$185.00	Paid	$0.00	04/04/2013		125, 22, 45,22, 3, 45
13	31	000	02/05/2013	02/05/2013	$300.00	Paid	$25.95	03/07/2013		125, 22, 45,22, 45
14	31	000	01/08/2013	01/08/2013	$208.00	Paid	$20.00	04/04/2013		125, 22, 45,22, 45
15	31	000	02/20/2013	02/20/2013	$185.00	Void	$70.31	03/07/2013		125
16	31	000	02/12/2013	02/12/2013	$120.00	Paid	$0.00	03/07/2013		125, 45,45
17	31	000	02/13/2013	02/13/2013	$165.00	Paid	$0.00	04/04/2013		125, 22, 45,3, 45, B5
18	31	000	03/04/2013	03/04/2013	$185.00	Denied	$0.00	04/11/2013		125,22, B5
19	31	000	02/14/2013	02/14/2013	$185.00	Paid	$20.00	03/21/2013		125, 22, 45,23, 45
20	31	000	01/17/2013	01/17/2013	$20.00	Paid	$20.00	04/18/2013		125, 22,22
21	31	000	01/14/2013	01/14/2013	$185.00	Paid	$70.31	05/09/2013		125, 22,22, 45, B5
22	31	000	01/10/2013	01/10/2013	$1,400.00	Paid	$218.80	03/28/2013		125, 22, 45,23, 45
23	31	000	02/26/2013	02/26/2013	$93.00	Paid	$0.00	03/28/2013		125, 22, 45,3, 45
24	31	000	03/07/2013	03/07/2013	$165.00	Paid	$0.00	04/18/2013		125, 45,45, B5
25	31	000	03/26/2013	03/26/2013	$185.00	Denied	$0.00	04/04/2013		125,24, B5
26	31	000	03/27/2013	03/27/2013	$253.00	Paid	$64.81	04/11/2013		125,3
27	31	000	03/21/2013	03/21/2013	$165.00	Denied	$0.00	06/27/2013		125, 22,45, B5
28	31	000	04/01/2013	04/01/2013	$188.00	Denied	$0.00	04/18/2013		125,45, B7
29	31	000	04/01/2013	04/01/2013	$188.00	Denied	$0.00	04/18/2013		125,45, B7
30	31	000	03/26/2013	03/26/2013	$300.00	Paid	$62.67	06/20/2013		125, 45,22, 45
31	31	000	04/10/2013	04/10/2013	$208.00	Paid	$87.54	06/27/2013		125, 22,22, 45
32	31	000	04/16/2013	04/16/2013	$185.00	Paid	$68.31	05/02/2013		125,3
33	31	000	04/08/2013	04/08/2013	$185.00	Paid	$20.00	07/03/2013		125, 22, 45,45, B5
34	31	000	04/08/2013	04/08/2013	$185.00	Paid	$70.31	07/03/2013		125, 22,22, 45
35	31	000	02/18/2013	02/18/2013	$120.00	Paid	$0.00	05/09/2013		125, 22, 45,45
36	31	000	02/21/2013	02/21/2013	$93.00	Paid	$0.00	05/09/2013		125, 22, 45,45
37	31	000	04/16/2013	04/16/2013	$165.00	Paid	$0.00	07/03/2013		125, 22, 45,3, 45, B5
38	31	000	01/17/2013	01/17/2013	$280.00	Paid	$38.62	05/16/2013		125, 22, 45,23, 45
39	31	000	04/15/2013	04/15/2013	$165.00	Paid	$0.00	05/23/2013		125, 22, 45,3, 45
40	31	000	01/10/2013	01/10/2013	$93.00	Paid	$28.19	05/23/2013		125

Sheet0

Ready

- The query information will then be opened and displayed within Microsoft Excel

Member

Eligibility Inquiry-How to verify eligibility for a beneficiary

- Click the Member tab

- Select the Eligibility Inquiry option

- Select the Filter By criteria from the dropdown selection

- Change the inquire start and end date if looking for different dates then the system date (current date)

- Click Submit

Member ID: [REDACTED]   Name: [REDACTED]

⊘ Close

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 01/12/2015 - 01/12/2015	COMMERCIAL / OTHER: Y
GENDER:	CSHCS RESTRICTIONS: N
DATE OF BIRTH:	MHP PCP: N
CASE NUMBER:	BMP PROVIDER RESTRICTION: N
CASE PHONE: EXT:	PE INDICATOR: N
CASE EMAIL:	DHS PHONE:
COUNTY OF RESIDENCE: 63-OAKLAND	DHS COUNTY:
MAGI CATEGORY:	CITIZENSHIP: U.S. Citizen
WORKER LOAD NUMBER:	MA PROGRAM CODE: N

Print Member Summary

Non Covered Service Types

BENEFIT PLANS

Benefit Plan Id ▲▼	Benefit Plan Type ▲▼	CHAMPS Provider Id ▲▼	Service Type Details ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▽
PIHP	MANAGED CARE	1705289	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
MA	FEE FOR SERVICE		Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
NEMT	MANAGED CARE	2304993	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015

View Page: 1 ⊙ Go   📄 Page Count   ▦ SaveToXLS   Viewing Page: 1   « First   ‹ Prev   › Next   » Last
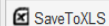
- Click the hyperlink for Click to View Service Types to review available benefits under the benefit plan

- The available benefits will then be displayed

- If a beneficiary has a primary payer on file for the date of service being checked the Commercial/Other will be Y
- Click the Commercial/Other Hyperlink to review the primary payer on file

- The primary payer information will then be displayed

- Including the coverage type, group number, policy number, date updated and begin and end dates

Prior Authorization

PA Request list-Review prior authorizations by multiple filter criteria

- Click the PA tab

- Select the PA request list option

- A list of prior authorizations will then be displayed

- The filter By dropdown can be used to add additional filter criteria

Prior Authorization

PA Inquire-Look up a specific PA tracking number

- Select the PA Inquire Option

- Enter the PA Tracking number
- Click Submit

CHAMPS

< My Inbox ▾ Provider ▾ Claims ▾ Member ▾ **PA** ▾ >

👤 [ ] ▾   📄 Note Pad   🌐 External Links ▾   ⭐ My Favorites ▾   🖨 Print   ❓ Help

🏠 > Provider Portal > PA Inquire > PA Utilization

⊘ Close

⊞ **PA Utilization**   ⌃

Tracking No:		**Authorization Status:**	Approved
Beneficiary ID:		**Beneficiary Name:**	
Service:		**Organization:**	PA - MDCH
Request Date:	10/2/2012	**Last Updated Date:**	10/16/2012
Service Start Date:	10/15/2012	**Service End Date:**	10/31/2012
Requestor NPI:		**Requestor Name:**	
Requestor ID:		**Source of Request:**	

Line # ▲▼	Servicing Prov NPI ▲▼	Servicing Prov ID ▲▼	Service TRN ▲▼	Code ▲▼	Mod1 ▲▼	Mod2 ▲▼	ToothNum ▲▼	Auth Units ▲▼	Auth $ Amount ▲▼	Used Units ▲▼	From Date ▲▼	To Date ▲▼	Status ▲▼
01				E2366				0	0.00	0	10/15/2012	10/31/2012	No Action
02				E2361				2	0.00	2	10/15/2012	10/31/2012	Approved
03				K0739				0	0.00	0	10/15/2012	10/31/2012	Included

View Page: 1 ⊙ Go 📄 Page Count 📊 SaveToXLS   **Viewing Page: 1**   « First ‹ Prev › Next » Last
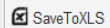
- The prior authorization information will then be displayed

Filter

Saving and deleting personal filters

New CHAMPS feature

- Select any tab where there is an option to add a My Filter
- In this example we have selected the Claims tab

- Select the option where you want to create and save the Filter
- In this example we have chosen Claim Inquiry

- Select the criteria needed for your filter

- Once you have selected the criteria click the Save Filters button

- In this example we have choose TCN load date, beneficiary ID % and reason code 252 which is for Predictive Modeling

- Enter a name for the Filter and a description
- Click Save

- The filter will now be saved under the My Filters button
- Changes cannot be made to a saved Filter the Filter would need to be deleted and re-created if changes are needed

- Select the saved filter to run the query

- To delete a previously saved filter select the filter that needs to be deleted from the My Filters dropdown

- Click the icon next to the saved filter

- The filter will then be deleted and no longer display under My Filters

Notepad

Feature that allows an electronic sticky note

NPI: [   ]   Name: [   ]
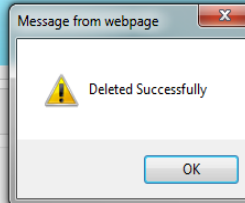
🔄 **Latest updates**   ▲

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

▦ **Calendar**   ▲

☀ **11:48 AM**   12 January 2015 Monday

		2015 January				
Mo	**Tu**	**We**	**Th**	**Fr**	**Sa**	**Su**
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		**Today**				→

▦ **My Reminders**   ▲

Filter By [▾] [   ] [   ] ⊙ Go   💾 Save Filters   ⊤ My Filters ▾

☐	Alert Type ▲▼	Alert Message ▲▼	Alert Date △▼	Due Date ▲▼	Read ▲▼
			No Records Found !		

- Click Note Pad to add an electronic sticky note

- Once open, any information can be added. Close when finished or information will not save in the Notepad
- The information will be visible in the Note Pad feature from screen to screen until the SSO session times out then it will be cleared

External Links

Links to other applications or websites accessible to providers

- Click on the External Links

- A list of available links will be displayed
- Select one of the available links to open within a separate window from CHAMPS

Favorites ~ Add and Delete

Add

- Click the star next to the function that is frequently used and needs to be added as a favorite
- In this example Claim Inquiry has been selected

- In this example Eligibility Inquiry has been selected to be saved as another Favorite
- There is no limit to the number of Favorites that can be saved or added to a user's login

- The next time you log into CHAMPS you will have the option to select a previously saved favorite
- Select the Favorite option you want to use and click GO

👤 _____ ▾   🗎 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 ⟩ Provider Portal ⟩ Inquire Claims

🛇 Close

⊞ **Inquire Claim**   ⌃

Filter By ▾	[ ]	[ ]	And Filter By [▾]	[ ]	[ ]	And Filter By ▾

[   ] And Filter By [▾] [   ] And Filter By [▾] [   ] With Status ▾ In Claim [▾] Last 6 Months ▾

⊙ Go   💾 Save Filters   ▼ My Filters ▾

☐	TCN ▲▼	From Date ▲▼	To Date ▲▼	Submitted Charges ▲▼	Claim Status ▲▼	Approved Amount ▲▼	Pay Cycle Date ▲▼
				No Records Found !			

- After clicking GO from the login page you will be taken to the selected Favorite option

- To view previously saved Favorites click the My Favorites dropdown

- The saved Favorites will then be displayed

Favorites ~ Add and Delete

Delete

- To delete a previously saved Favorite click My Favorites

- Select the Favorite to be deleted and click the icon next to the Favorite

- A message will display to acknowledge the Favorite was deleted

- Once deleted will no longer be displayed under My Favorites, in this example Eligibility Inquiry was deleted
- A deleted Favorite can be re-added as a Favorite again at any time

Changing Profile

- Click the dropdown next to the User ID icon in the blue ribbon
- Current profile that the user is logged in with will be displayed as well as all available profiles

Domain Administrator

Adding Users

- Login to CHAMPS with the Domain Administrator Profile

- Click the Admin tab

- Select the Maintain Users option

👤 [   ] ▾   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Provider Portal › UserList

⊗ Close   **⊕ Add**   ⬅

⚏ **Manage Users**   ⌃

| Filter By ▾ | [   ] | And | Filter By ▾ | [   ] | ⊙ Go | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Domain Name ▲▼	Name ▲▼	Organization ▲▼	Status ▲▼	Start Date ▲▼	Expiration Date ▲▼
			No Records Found !			

- Click Add

- Enter the User ID
- Choose any of the available profiles listed and click the arrows to add it to the Selected Profiles

- Once all desired profiles have been selected for the User ID click Ok

Domain Administrator

Updating Domains

- Click the Admin tab

- Select the Maintain Users option

- Select Domain Name from the dropdown

- Enter the wildcard % and click Go

- Click the domain name hyperlink that needs to be updated

- An expiration date can be entered if the user no longer needs access to that Billing NPI domain
- Profiles can also be added to the user or removed

Provider Resources

- [Medicaid Provider Training](#)
  - One on One training requests
  - Association requests
  - Current trainings available
- [Michigan Medicaid List Serve](#)
  - E-mail notification alerts relative to the Michigan Medicaid Program, Medicaid policy, billing issues, training opportunities, etc.
- Provider Support
  - www.michigan.gov/medicaidproviders
  - ProviderSupport@michigan.gov
  - 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program.